

RECEIVED 001
CENTRAL FAX CENTER

SEP 30 2004

IAN F. BURNS & ASSOCIATES, P.C.
Intellectual Property Law

Ian F. Burns*
John D. Long*
Thomas J. Howell, Ph.D.*
Harry A. Pacini*

1575 Delucchi Lane
Suite 222
Reno, Nevada 89502

Phone: (775) 826-6160

Fax: (775) 828-1651

*Admitted in U.S. Patent and Trademark Office
†Admitted in California, Hawaii & Nevada
‡Admitted in California, Illinois, Massachusetts
& Washington, D.C.

September 30, 2004

If there is a problem with transmission or if all pages are not received, please call (775) 826-6160 for retransmission.

TO: Andrea Valenti

FAX #: 703-872-9306

COMPANY: USPTO

FROM: Ian F. Burns

RE: Power of Attorney

OUR REFERENCE: 822.902: Hannon.UA-Animal Pen System

Number of pages including this cover page: 4

This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is PRIVILEGED, CONFIDENTIAL and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original to us by mail without making a copy. Thank you.

In re application of: Hannon et al.

Serial number: 10/692,452

Filed: October 22, 2003

Title: ANIMAL PEN SYSTEM

Attorney docket number: 822.902 Hannon.UA-Animal Pen System

Dear Sir:

The following is/are submitted to the Patent and Trademark Office for appropriate action:

1. A Revocation of Power of Attorney or Authorized Agent (1 page).
2. A Power of Attorney or Authorization of Agent (1 page).
3. A Transmittal letter (1 page).

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER
SEP 30 2004

IAN F. BURNS & ASSOCIATES, P.C.

Intellectual Property Law

Ian F. Burns^{††}
John D. Long^{††}
Thomas J. Howell, Ph.D.^{*}
Harry A. Pacini^{*}

1575 Delucchi Lane
Suite 222
Reno, Nevada 89502

Phone: (775) 826-6160
Fax: (775) 828-1651

^{*}Admitted in U.S. Patent and Trademark Office
[†]Admitted in California, Hawaii & Nevada
^{††}Admitted in California, Illinois, Massachusetts
& Washington, D.C.

September 30, 2004

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: Hannon et al.
Serial number: 10/692,452
Filed: October 22, 2003
Title: ANIMAL PEN SYSTEM
Attorney docket number: 822.902 Hannon.UA-Animal Pen System

Dear Sir:

The following is/are submitted to the Patent and Trademark Office for appropriate action:

1. A Revocation of Power of Attorney or Authorized Agent (1 page).
2. A Power of Attorney or Authorization of Agent (1 page).
3. A Facsimile Cover Sheet (1 page).

Cordially yours,



Ian F. Burns

Registration Number: 33,297

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

☐ **MAILING**
Deposited with the United States Postal Service with
sufficient postage as first class mail in an envelope
addressed to the Commissioner for Patents, Alexandria,
VA 22313-1450.

☐ **FACSIMILE**
Transmitted by facsimile to the Patent and Trademark
Office.

Fax No.: _____

Signature

Name

Date

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/692,452
Filing Date	10/22/2003
First Named Inventor	Hannon
Title	Animal Pen System
Group Art Unit	1974
Examiner Name	Valenti, Andrea
Attorney Docket Number	822.902

I hereby appoint:

☒ Practitioners at Customer Number

21,707

Place Customer
Number Bar Code
Label here
☒ Practitioner(s) named below:

Name	Registration Number
Ian F. Burns	33,297

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Practitioners at Customer Number

21,707

Place Customer
Number Bar Code
Label here

OR

☒ Firm or
Individual Name

Ian F. Burns & Associates

Address

1575 Delucchi Lane

Address

Suite 222

City

Reno

State

NV

Zip

89502

Country

US

Telephone

775-826-6160

Fax

775-828-1651

I am the:

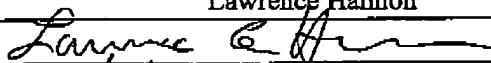
☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name

Lawrence Hannon

Signature



Date

9/8/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/692,452
Filing Date	10/22/2003
First Named Inventor	Hannon
Group Art Unit	1974
Examiner Name	Valenti, Andrea
Attorney Docket Number	822 902

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:☐ Customer NumberPlace Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

Lawrence Hannon

Signature

Date

9/28/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.